

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION PO BOX 811, JEFFERSON CITY, MO 65105-0811

COMMON CARRIER MONTHLY REPORT CIGARETTE TAX

FORM **267** (REV. 11-2004)

MONTH OF

, 20

NAME				FEDERAL IDENTIFIC	CATION NUMBER					
ADDRESS			CITY			STATE			ZIP CODE	
CONSIGNOR INVOICE NUMBER	CONSIGNOR	POINT OF ORIGIN	CONSIGNEE		POINT OF DELIVE				ES OF CIGA	ARETTES RETURNED
	If you have questions o	r need assistance in complet	ting this form, please call (573	3) 751-7163 or e	email excise@do	or.mo.gov.				
	You may also obtain this form	from the department's web s	site at: www.dor.mo.gov/tax	/business/toba	cco/forms/. TD	D (800) 735				
	SIGNED LEGAL REPRESENTATIVE O AY KNOWLEDGE.	F THE ABOVE-NAMED C	OMMON CARRIER, STATI	E UPON MY C	ATH THAT TH	IS REPOR	Γ IS TRU	JE AND	CORRE	ECT TO
NAME			TITLE				DATE			

COMMON CARRIER MONTHLY REPORT CIGARETTE TAX (CONTINUED)

CONSIGNOR INVOICE NUMBER	CONSIGNOR	POINT OF ORIGIN	CONSIGNEE	POINT OF DELIVERY	DELIVERY DATE	PACKAGES OF CIGARETTES		
						DELIV.	REFUSED	RETURNED
			-		•		•	